	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Pri arly) B. Date of Delivery Kristy Matheny IC/15/01 C. Signature  Agent  Addressee
••••	1. Article Addressed to:	D. Is delivery address different from item D Yes
	Mr. Bobby J. Edwards  Neo-Tech LLC	If YES, enter defivery address below: □ No
	10061 Hwy 22 Dresden, TN 38226	Till the said
		3. Service Type  X Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	(manager mann accorded labely	0001 8467 1262
	PS Form 3811, March 2001 Domestic Re	eturn Receipt 102595-01-M-1424
	<ul> <li>Complete items 1, 2, ar Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Mr. Bobby J. Edwards</li> <li>9930 Hwy 22</li> <li>Dresden, TN 38225</li> </ul>	A. Received by (Please Print IV) B. Date of Deliver Dristy Matheny 10/15/0 C. Signature Agent Addresse  D. Is delivery addless different from item 1? Yes  If YES, enter delivery address below No
• 0000000		3. Service Type  XT Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	Six Co. Advisor	4. Restricted Delivery? (Extra Fee) ☐ Yes
E • ( 6 6 6 • 6	7001 0320 0001 8467 1255	
	PS Form 3811 Manual cook	c Return Receipt 102595-01-M-142
••6666	<u> </u>	
	RECEIVE	EXHIBIT
	DEC 1 0200	

OFFICE OF PETITIONS